



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

RE: CHILD CARE APPLICATION – FAMILY/GROUP HOME

Dear Applicant:

The following is information regarding application for a family child care home of 6 or less children or a group child care home of 7 – 12 children.

Instructions and additional materials are included which will assist you in completing the application.

Please complete and return all of the required application materials with a check or money order (which is non-refundable) payable to the "State of Michigan" in the amount of \$25.00 for a family child care home application or \$40.00 for a group child care home application to:

Michigan Department of Human Services
Cashier's Office
P.O. Box 30759
Lansing, MI 48909-8150

For additional information, please contact the Licensing Unit at (517) 241-2488 or toll free 866-685-0006 or Fax at (517) 241-1680.

Thank you.

Enclosures

FAMILY CHILD CARE HOME APPLICATION PROCESS

6 or less children

Return ALL of the items listed below as a COMPLETE PACKET. All items must be filled out and returned together in the same envelope to:

Michigan Department of Human Services
Cashier's Office
P.O. Box 30759
Lansing, MI 48909-8150

1. Child Care Application (OCAL-3970).
2. Supplemental Information Form (OCAL-3737).
3. A **\$25.00** check or money order, payable to the **State of Michigan**.
4. Proof of electronic fingerprint clearance for applicant only (see enclosure and utilize form OCAL-1326).
5. Licensing Record Clearance Forms (OCAL-1326) - It is necessary to complete one for **each non-applicant adult (18 or older) who resides in your home.**
6. A Licensing Medical Clearance Request (OCAL-3704) for you and each assistant caregiver. You must complete the Patient Information section before submitting the form to your physician for completion.
7. Documentation of TB test results for all persons in the home who are 14 years of age and older. Assistant caregivers must also have documentation of TB test results.
8. Documentation of valid infant/child/adult CPR and First Aid training from an approved trainer. (See DHS CPR and First Aid Training website www.michigan.gov/dhs or contact your local licensing office.)
9. Proof of inspection and approval of your heating system signed by a licensed heating contractor. This includes wood-burning stoves and any other permanently installed heating devices if used at any time in your home. Electric heat does not require an inspection.
10. Proof of recent inspection and approval of your fuel fired water heater by a licensing heating contractor or licensed plumbing contractor.
11. If you plan on using your basement to care for children, you must provide documentation that the level of radon gases does not exceed 4 picocuries per liter of air. If applicable, contact the Licensing Unit if you have questions.

REMINDER

Be sure to indicate on your application if you have a private well and/or septic system.

All the above items, must be returned to the Cashier's Office as **ONE PACKET. Incomplete application packets will be returned to you.**

Your application will be processed once the entire packet is received by the Licensing Unit is complete and an application fee receipt from the cashier's office has been received.

WHAT HAPPENS NEXT REGARDING

THE FAMILY CHILD CARE REGISTRATION PROCESS?

1. When you have returned the **required** application materials, they will be reviewed and evaluated. (An incomplete application packet will be returned to you.)
2. If the application indicates that your home has a **private well and/or septic system**, an inspection and approval of the system(s) are required. (Rule 400.1933(2). This is done by your local health authority prior to registration, at no cost to you. **This inspection will be requested by the Licensing Unit.**
3. You will be scheduled for an orientation by your local licensing office.
 - This orientation lasts approximately 6 hours.
 - It will cover the licensing rules and the Child Care Organization Act.
 - Additional information will be provided which will help you to be successful in the business of caring for children.
 - Time will be provided for you to ask questions.
 - **Please do not bring your children.**
4. At the end of the orientation session, you will be given a Statement of Registration.
 - This is a legal document on which you certify that you are in compliance with the family child care home rules and the Child Care Organization Act (Act No. 116 of the Public Acts of 1973, as amended).
 - You will be asked to take it with you to check your home before signing and returning it.
 - When you have determined that you are in compliance with the rules and the statute and you have returned the signed Statement of Registration, you will be issued a Certificate of Registration.
 - This registration is in effect for 3 years as long as you continue to meet the rules and reside at the same address.
5. Once you are registered, a licensing consultant will visit your home to assess how you are meeting the rules. **REMINDER: IT IS YOUR RESPONSIBILITY TO BE IN COMPLIANCE WITH THE RULE REQUIREMENTS AT ALL TIMES.**

Some items that must be available during the on-site inspection are:

 - At least 1 functioning multipurpose fire extinguisher, with a rating of not less than 2A-10BC, properly mounted on each floor that is used by children in care. [R400.1944(3)]
 - A smoke detector on each floor of your home. [R400.1944(1)]
 - A carbon monoxide detector on each floor that is used by children in care. [R400.1934(3)]
 - A posted evacuation and care plan for tornado, fire, and serious accident or injury. [R400.1945]
 - A written discipline policy. [R 400.1913(1)]
6. 10 clock hours of training must be completed each year by the applicant [R400.1905(1)] and 5 clock hours of training each year must be completed by each assistant caregiver [R400.1905(2)].

PLEASE NOTE: A certificate of registration is issued to a specific person at a specific address.

- **If you move, your certificate of registration is no longer valid.**
- If you plan to move, contact the OCAL Licensing Unit **prior** to the move so that you can apply for a registration at your new address.
- If you decide to no longer care for children, contact your local licensing office to request closure of your certificate of registration.

GROUP CHILD CARE HOME APPLICATION PROCESS 7 to 12 children

Return ALL of the items listed below as a COMPLETE PACKET. All items must be filled out and returned together in the same envelope to:

Michigan Department of Human Services
Cashier's Office
P.O. Box 30759
Lansing, MI 48909-8150

1. Child Care Application (OCAL-3970).
2. Supplemental Information Form (OCAL-3737).
3. Confirmation of Zoning Notification (OCAL-3749).
4. A **\$40.00** check or money order, payable to the **State of Michigan**.
5. Proof of electronic fingerprint clearance for applicant only (see enclosure and utilize form OCAL-1326).
6. Licensing Record Clearance Forms (OCAL-1326) – It is necessary to complete one for **each non-applicant adult (18 or older) who resides in your home**.
7. A Licensing Medical Clearance Request (OCAL-3704) for you and each assistant caregiver. You must complete the Patient Information section before submitting the form to your physician for completion.
8. Documentation of TB test results for all persons in the home who are 14 years of age and older. Assistant caregivers must also have documentation of TB test results.
9. Documentation of valid infant/child/adult CPR and First Aid training from an approved trainer. (See DHS CPR and First Aid Training website www.michigan.gov/dhs or contact your local licensing office.)
10. Proof of inspection and approval of your heating system signed by a licensed heating contractor. This includes wood-burning stoves and any other permanently installed heating devices if used at any time in your home. Electric heat does not require an inspection.
11. Proof of recent inspection and approval of your fuel fired water heater by a licensing heating contractor or licensed plumbing contractor.
12. If you plan on using your basement to care for children, you must provide documentation that the level of radon gases does not exceed 4 picocuries per liter of air. If applicable, contact the Licensing Unit if you have questions.

WHAT HAPPENS NEXT REGARDING THE GROUP CHILD CARE HOME APPLICATION PROCESS?

1. **Environmental Health Inspection** – If your application indicates that your home has a **private well and/or septic system**, an inspection and approval of the system(s) are required. This is done by your local health authority prior to licensure, at no cost to you. **This inspection will be requested by the Licensing Unit.**
2. You will be scheduled for an orientation by your local licensing office.
 - This orientation lasts approximately 6 hours.
 - It will cover the licensing rules and the Child Care Organization Act.
 - Additional information will be provided which will help you to be successful in the business of caring for children.
 - Time will be provided for you to ask questions.
 - **Please do not bring your children.**
3. **Licensing Inspection** – Once all required application materials have been submitted and are complete, a licensing consultant will inspect your home to assess compliance with the licensing rules. It is your responsibility to be in compliance with the rules and statute at the time of the inspection and at all times thereafter.

Items that must be available during the on-site inspection include:

- At least 1 functioning multipurpose fire extinguisher, with a rating of not less than 2A-10BC, properly mounted on each floor level that will be used by child in care [R400.1944(3)]
- A working smoke detector on each floor of your home [R400.1944(1)]
- A carbon monoxide detector on each floor that is used by children in care. [R400.1934(3)]
- A posted evacuation and care plan for tornado, fire, and serious accident or injury [R400.1945]
- A written discipline policy [R400.1913(1)]

IV. LICENSE ISSUANCE

4. Once it has been determined that you are in compliance with the rules and the statute you will be issued a 6 month provisional license.

Prior to the expiration of the 6 month provisional license you will receive a renewal application packet. After you submit a complete renewal application packet an on-site inspection will occur. If you continue to remain in compliance with the rules and the statute, you will then be issued a regular license that is valid for 2 years.

5. 10 clock hours of training must be completed each year by the applicant [R400.1905(a)] and 5 clock hours of training each year must be completed by each assistant caregiver. [R400.1905(2)]

PLEASE NOTE:

A license is issued to a specific person at a specific address.

- If you plan to move, contact the OCAL Licensing Unit **prior** to the move so that you can apply for a license at your new address.
- If you decide to no longer care for children, contact your local licensing office to request closure of your license.

IF YOU HAVE ANY QUESTIONS PLEASE CALL THE LICENSING UNIT AT **1-866-685-0006**, OR VISIT OUR CHILD DAY CARE WEBSITE (www.michigan.gov/dhs).

- ☐ **FAMILY – 6 or less**
☐ **GROUP – 7 to 12**
☐ **CENTER**

CHILD CARE APPLICATION
Office of Children and Adult Licensing
Michigan Department of Human Services

FOR DHS USE ONLY:

License Number:

Paid Amount:

Cashier:

☒ **ORIGINAL** ☐ **RENEWAL** ☐ **OTHER**

OFFICE:

Consultant/Staff:

COMPLETE FOR ALL APPLICANTS

Applicant Name (Last, First, Middle, Former or Maiden)			Social Security Number or Federal ID Number		
Applicant Name (If Joint)			Social Security Number		
Address (Street Number and Name)			Telephone Number () ()		County
City	State MI	Zip Code	E-mail Address		
Have You Been Previously Licensed/Approved/Registered To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Are You Currently Licensed/Approved/Registered To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Have You Applied For Any Other License/Approval/Registration To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have You, Or Has Any Person That Will Be Assisting In The Care Of Children Or Living In The Child Care Home: <ul style="list-style-type: none"> • Been Convicted of an Offense Other Than A Minor Traffic Violation? <input type="checkbox"/> No <input type="checkbox"/> Yes • A History Of Substantiated Abuse Or Neglect Of Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes 					

COMPLETE FOR CHILD CARE CENTER ONLY

Facility Name			Corporate Name/Sponsoring Organization Name		
Address (Street Number and Name)			Address (Street Number and Name)		
City	State MI	Zip Code	City	State MI	Zip Code
Telephone Number () ()	County		Telephone Number () ()	County	
Applicant's E-mail Address			Sponsoring Organization's E-mail Address		
Auspices Status (Check One) Governmental	<input type="checkbox"/> Local Government <input type="checkbox"/> County Government	<input type="checkbox"/> State Government <input type="checkbox"/> Community College	<input type="checkbox"/> State College/University <input type="checkbox"/> Public School	Send Mail To: <input type="checkbox"/> Center <input type="checkbox"/> Applicant	Corporate Status (Check One) <input type="checkbox"/> None <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
Non-Governmental (Check All That Apply)	<input type="checkbox"/> Church <input type="checkbox"/> Privately Owned	<input type="checkbox"/> Parent Cooperative <input type="checkbox"/> Employee Sponsors	<input type="checkbox"/> Private Funded Comm. Org. <input type="checkbox"/> Private School/College		

COMPLETE FOR ALL APPLICANTS (Checked Boxes confirm statements have been read)

<input type="checkbox"/> I have reviewed Act No. 116 of the Public Acts of 1973, as amended, and the Administrative Rules regarding the operation of the child care organization indicated above, and if granted a license, certificate of approval, or certificate of registration, agree to comply with the Act and Rules <input type="checkbox"/> In order to permit a proper determination of conformity with the rules, I give permission to the Michigan Department of Human Services to make a necessary and reasonable investigation of activities and standards of care and to make an on-site inspection of my facility and services. <input type="checkbox"/> I agree not to care for more children at one time than my licensed capacity states. <input type="checkbox"/> I certify that I have a high school diploma, GED certificate or equivalent (new family/group home applicants only-effective January 1, 2006).	<input type="checkbox"/> I hereby certify that I will notify the Department if I or any member of my household; or any person caring for children, has been arraigned for an offense specified in MCL 722.115(e), MCL 722.115(f) or has a history of substantiated child abuse or neglect. <input type="checkbox"/> I am aware of the legal provision that to operate a child care organization without a license constitutes a misdemeanor as stated in Act No. 116 of the Public Acts of 1973, as amended, Section 15. <input type="checkbox"/> I certify that any information I give in respect to the Department's investigation will be, to the best of my ability, true and correct. <input type="checkbox"/> I give permission to the Michigan Department of Human Services to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.	
Applicant/Representative Signature (If Corporation, Must Be Signed By Authorized Person.)	Title	Date
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		
AUTHORITY: Act No. 116 of the Public Acts of 1973, as amended COMPLETION: Required PENALTY: No license will be issued.		

- ☐ **FAMILY – 6 or less**
☐ **GROUP – 7 to 12**

SUPPLEMENTAL APPLICATION INFORMATION

Michigan Department of Human Services
Office of Children and Adult Licensing

**LICENSE/APPROVAL/REGISTRATION
NUMBER FOR RENEWAL ONLY**

☒ **ORIGINAL**

☐ **RENEWAL**

☐ **OTHER**

SECTION I APPLICANT AND FACILITY INFORMATION:

Applicant Name (Last, First, Middle)		Birthdate	Soc Sec or FED ID Number	Phone Number	
Co-applicant Name (If joint)		Birthdate	Soc Sec or FED ID Number	Phone Number	
Address (Street Number & Name)		City		State MI	Zip Code
Name of Adult Who Will Assist in an Emergency		Telephone ()		Age	
Address (Street Number & Name)		City		State MI	Zip Code
Assistant Caregiver, If Any	Age	Assistant Caregiver, If Any		Age	

LIST ALL PERSON(S) LIVING IN YOUR HOME AND RELATIONSHIP

Name	Birthdate	Relationship	Name	Birthdate	Relationship
Name	Birthdate	Relationship	Name	Birthdate	Relationship
Name	Birthdate	Relationship	Name	Birthdate	Relationship

Name(s)/dates(s) for TB test for all persons in home 14 years of age or older:

Water Type: (check one) <input type="checkbox"/> Well <input type="checkbox"/> Public		Sewer Type: (check one) <input type="checkbox"/> Septic <input type="checkbox"/> Public		Water Heater (check on) <input type="checkbox"/> Gas <input type="checkbox"/> Electric		Year Home was Built:	
Heat Type: (check all that apply) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler						Date of Furnace Inspection	
Have you been previously or presently registered/licensed for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶				Have you applied for any other registration/license to care for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶			
Number of Children for whom you wish to be licensed.			Who will provide food?			Length of time in present home.	
List room names and sizes for children's use.				Days and Time of Operation (indicate a.m./p.m.):			
				Sunday		From:	To:
				Monday		From:	To:
				Tuesday		From:	To:
				Wednesday		From:	To:
				Thursday		From:	To:
				Friday		From:	To:
Where will children sleep/nap? Describe sleeping arrangements.				Saturday		From:	To:
Directions to Home (Indicate Nearest Intersection).				Saturday		From:	To:
						From:	To:
						From:	To:
						From:	To:
						From:	To:
						From:	To:

SECTION II – PROGRAM AND TRAINING INFORMATION

What will the children do during the day? Describe planned daily activities including provisions for outdoor play. List toys/materials – attach a separate sheet, if necessary. _____			
How do you plan to supervise children at all times (in your home, outdoors, on field trips, etc.) – attach a separate sheet, if necessary. _____			
Training (Check all that apply)		Name of Training Agency	
<input type="checkbox"/> Have Completed: <input type="checkbox"/> Infant & Child CPR ▶ <input type="checkbox"/> <input type="checkbox"/> Adult CPR <input type="checkbox"/> <input type="checkbox"/> First Aid Training ▶		Name of Training Agency	
<input type="checkbox"/> Have Not Completed: <input type="checkbox"/> Infant & Child CPR <input type="checkbox"/> Adult CPR <input type="checkbox"/> First Aid Training		Date Card Received	
I have <input type="checkbox"/> /have not <input type="checkbox"/> completed 10 hours of training annually.		All assistant caregivers have <input type="checkbox"/> /have not <input type="checkbox"/> completed 5 hours of training annually.	
Applicant/Licensee Signature		Co-Applicant/Licensee Signature	
Date		Date	

Authority: Public Act 116 of 1973, as amended Completion: Required Penalty: Applicant cannot be licensed/registered	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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CONFIRMATION OF ZONING NOTIFICATION

Michigan Department of Human Services
Office of Children and Adult Licensing

GROUP CHILD CARE HOME APPLICANT INFORMATION

Applicant Name (Last, First, Middle)		License Number	
Home Address (Street Number and Name)	City	State MI	Zip Code

According to the Michigan Zoning Enabling Act, 2006 PA 110, a group child care home located in a county or township shall be issued a special use permit, conditional use permit, or other similar permit if the group child care home meets specific standards. A group child care home located in a city or village may be issued a special use permit, conditional use permit, or other similar permit.

I certify that I am aware of the requirements of the Michigan Zoning Enabling Act. I further certify that I will apply for the appropriate special use permit, conditional use permit, or similar permit from my local zoning board and then comply with any special use conditions placed on the special use permit, conditional use permit, or similar permit.

Group Child Care Home Applicant's Signature	Date
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Authority: Public Act 116 of 1973, as amended Completion: Required Penalty: Applicant cannot be licensed/registered	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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Satisfying Your Applicant Fingerprinting Needs is Faster and Easier Than Ever!

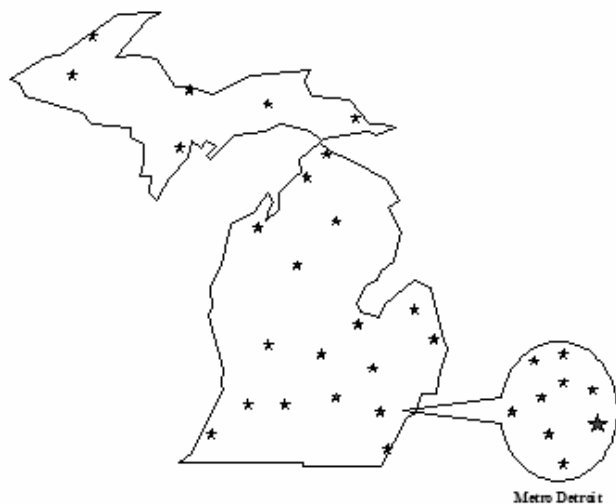
Identix Identification Services (IIS) was chosen by the Michigan State Police to help law enforcement, employers, and licensing agencies meet the submission requirements of the state's new electronic fingerprinting policy.

Included in our low transaction fee:

- Applicant fingerprint scheduling - toll free phone number or by secure web site
- High quality electronic fingerprint capture equipment operated by trained, courteous, and professional technicians
- Safe, convenient locations all across the state of Michigan
- Fast, efficient fingerprinting sessions – 5 minute average
- Electronic submission to Michigan State Police for State and FBI processing
- High fingerprint image quality
- Fee collection and billing reconciliation
- On-site fingerprinting sessions for groups of 30 or more applicants

IIS is focused on meeting all of your electronic applicant fingerprinting needs, providing a quick and convenient way for applicants to complete background check requirements. Prospective licensee and employee fingerprints are captured quickly in a friendly, professional environment by one of our certified fingerprint technicians. And you can be assured that results will be fast and accurate because for the last 12 years, IIS has processed nearly 3 million applicants, making us the industry leader in applicant fingerprinting services.

identix[®]
Identification Services



**Convenient Fingerprinting
Locations State Wide**

***“Let our proven experience and expertise
translate into a more efficient, effective,
and convenient applicant fingerprinting
process for you and your applicants”***

**For more information or to schedule
an appointment at a convenient
location near you, please contact:**

Identix Identification Services

Phone: 1-866-226-2952

Web: www.identix.com/iis/mi.html

Pay by credit card over the phone.

Check or Money Order at time of
appointment. No cash accepted.

Agency ID: 10971L

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Files check regarding the possible existence of a substantiated child abuse or neglect record. **(For Child Day Care and Child Welfare Divisions Only)**
3. Produce a Central Files check against current or previous licensee status of the applicant in any county of the state.
4. **Day Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (OCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to OCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide OCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	Public Act 116 of 1973 as amended and Public Act 218 of 1979 as amended	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION	Required	
CONSEQUENCE:	Licensure may be denied.	

LICENSING RECORD CLEARANCE REQUEST

STATE OF MICHIGAN

Department of Human Services
Office of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- Please read the accompanying instructions before completing this form.
- Please type or print CLEARLY so that the information completed can be read.
- Mail completed form to OCAL Central office.

SECTION I: REQUESTOR INFORMATION

(Must be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number

Department of Human Services
Office of Children and Adult Licensing
7109 W. Saginaw, 2nd Floor
P.O. Box 30650
Lansing, MI 48909-8150

LIVESCAN FINGERPRINT REQUEST

This section for day care only.

Agency ID: 10971L

TCN# _____
(MUST BE FILLED IN PRIOR TO RETURNING)

Date Fingerprinted: _____

Type of Picture I.D. presented: _____

**DCL(Day Care License) - State and FBI
(\$54 plus livescan fee) total \$70.00**

LICENSEE/APPLICANT NAME County LICENSE NUMBER (If assigned)

LICENSE/APPLICATION TYPE

☐ Child Foster ☐ Adoption ☐ Adult Foster Care ☒ Family/Group Child Care Home ☐ Child Care Center ☐ Institution/Agency ☐ Camp

THE PERSON BEING CLEARED IS:

☐ Adult Member of Household (specify relationship to licensee):

☐ Applicant ☐ Licensee/Licensee Designee ☐ Administrator ☐ Responsible Person (In charge of daily operations) ☐ Director/Program Director

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a OCAL-1326)

NAME (Last, First, Middle Jr., II, etc.) SEX BIRTH DATE SOCIAL SECURITY NUMBER

MARITAL STATUS ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s)) MICHIGAN DRIVERS LICENSE NUMBER
☐ SGL ☐ MAR ☐ DIV

ADDRESS (Street Number and Name) HOW LONG HAVE YOU LIVED IN THIS RACE
STATE? COUNTY?

CITY COUNTY STATE ZIP CODE PHONE NUMBER HEIGHT WEIGHT

- I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed.

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR?

☐ NO ☐ YES (If yes, explain)

Type, Location, and Date of Conviction(s)

SIGNATURE OF PERSON TO BE CLEARED DATE

SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)

PREVIOUS LICENSE? INITIALS CLEARANCE DATE
☐ NO ☐ YES

IS PROTECTIVE SERVICES INFORMATION ON FILE? LICENSE NUMBER
☐ NO ☐ YES

Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.

SECTION IV: CONVICTION CLEARANCE

LICENSING RECORD CLEARANCE REQUEST

STATE OF MICHIGAN

Department of Human Services
Office of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- Please read the accompanying instructions before completing this form.
- Please type or print CLEARLY so that the information completed can be read.
- Mail completed form to OCAL Central office.

SECTION I: REQUESTOR INFORMATION

(Must be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number

Department of Human Services
Office of Children and Adult Licensing
7109 W. Saginaw, 2nd Floor
P.O. Box 30650
Lansing, MI 48909-8150

LIVESCAN FINGERPRINT REQUEST

This section for day care only.

Agency ID: 10971L

TCN# _____
(MUST BE FILLED IN PRIOR TO RETURNING)

Date Fingerprinted: _____

Type of Picture I.D. presented: _____

**DCL(Day Care License) - State and FBI
(\$54 plus livescan fee) total \$70.00**

LICENSEE/APPLICANT NAME County LICENSE NUMBER (If assigned)

LICENSE/APPLICATION TYPE

☐ Child Foster ☐ Adoption ☐ Adult Foster Care ☒ Family/Group Child Care Home ☐ Child Care Center ☐ Institution/Agency ☐ Camp

THE PERSON BEING CLEARED IS:

☐ Adult Member of Household (specify relationship to licensee):

☐ Applicant ☐ Licensee/Licensee Designee ☐ Administrator ☐ Responsible Person (In charge of daily operations) ☐ Director/Program Director

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a OCAL-1326)

NAME (Last, First, Middle Jr., II, etc.) SEX BIRTH DATE SOCIAL SECURITY NUMBER

MARITAL STATUS ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s)) MICHIGAN DRIVERS LICENSE NUMBER
☐ SGL ☐ MAR ☐ DIV

ADDRESS (Street Number and Name) HOW LONG HAVE YOU LIVED IN THIS RACE
STATE? COUNTY?

CITY COUNTY STATE ZIP CODE PHONE NUMBER HEIGHT WEIGHT

- I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed.

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR?

☐ NO ☐ YES (If yes, explain)

Type, Location, and Date of Conviction(s)

SIGNATURE OF PERSON TO BE CLEARED DATE

SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)

PREVIOUS LICENSE? INITIALS CLEARANCE DATE
☐ NO ☐ YES

IS PROTECTIVE SERVICES INFORMATION ON FILE? LICENSE NUMBER
☐ NO ☐ YES

Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.

SECTION IV: CONVICTION CLEARANCE

MEDICAL CLEARANCE REQUEST
Michigan Department of Human Services
Office of Children and Adult Licensing

APPLICANT/LICENSEE INFORMATION

Facility/Home Name		License Number	
Facility/Home Address (Street Number and Name)	City	State	Zip Code

PLEASE MAIL TO ➔	Licensing Consultant (Name, Address, Phone) Department of Human Services Office of Children and Adult Licensing 7109 W Saginaw, 2 nd Floor P.O. Box 30650 Lansing, MI 48909-8150	License Application Type <input type="checkbox"/> Adult Foster Care (24-Hour Care) <input type="checkbox"/> Child Foster Care (24-Hour Care) <input checked="" type="checkbox"/> Child Care (Less Than 24-Hour Care) <input type="checkbox"/> Capacity _____
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PATIENT INFORMATION (To be Completed by Patient) (Please Print or Type)

Name (Last, First, Middle, Jr., II, etc.)	Date of Birth	Social Security Number	Telephone Number
Address (Street Number and Name)	City	State	Zip Code

RELEASE OF INFORMATION (To be Completed by Patient)

I authorize the release of medical information concerning me to the care facility listed above and to the Michigan Department of Human Services, Office of Children and Adult Licensing, for the purpose of determining my suitability to provide or be associated with the care of children/dependent adults.	Date
	Patient's Signature
	Physician's Name (Please PRINT or TYPE)

MEDICAL INFORMATION (To be Completed by Physician)

• This individual is, or will be, employed in a child/dependent adult care setting. • It is necessary to establish that those providing care are in such physical and mental condition and health as not to adversely affect the health or safety of a child/dependent adult and the quality and manner of his/her care. • To assist us in this determination, you are being asked to answer the following.			
Has this Person Been Tested for T.B.? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes ➔	Date Tested	Test Type <input type="checkbox"/> Skin Test <input type="checkbox"/> X-Ray	Results <input type="checkbox"/> Positive (Explain in Comments) <input type="checkbox"/> Negative
How would you describe the patient's general physical/mental condition and health? (Use Comments section for explanations) <input type="checkbox"/> No physical/mental condition or health problem exists that would limit the ability to work with or around children/dependent adults. <input type="checkbox"/> Physical/mental condition or health problem exists that would not limit the ability to work with or around children/dependent adults. Explain in Comments if reasonable accommodation may be needed. <input type="checkbox"/> Physical/mental condition or health problem exists which would affect the ability to work with or around children/dependent adults, with or without reasonable accommodation.			
Comments (Please use back of this form if additional space is needed.)			
Would you like to be contacted by the licensing consultant regarding your recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physician's Signature	Signature Date	Telephone Number	Examination Date
Address (Street Number and Name)	City	State	Zip Code
AUTHORITY: Public Act 116 of 1973 as amended Public Act 218 of 1979 as amended RESPONSE: Voluntary PENALTY: Application for licensure may be denied.		Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	

MEDICAL CLEARANCE REQUEST
Michigan Department of Human Services
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APPLICANT/LICENSEE INFORMATION

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